

I. INTRODUCTION

"The California Children and Families Act of 1998 is designed to provide, on a community-by-community basis, all children prenatal to five years old with a comprehensive, integrated system of early childhood development services. Through health care, quality child care, parent education and effective intervention programs for families at risk, children and their parents and caregivers will be provided with the tools necessary to foster secure, healthy and loving attachments. These attachments lay the emotional, physical and intellectual foundation for every child to enter school ready to learn and develop the potential to become productive, well-adjusted members of society." California Children and families commission, Guidelines: A resource for Developing Prop. 10 Strategic Plans, Pg. 3.

Under the Children and Families Act of 1998, each County Commission is required to develop a comprehensive, integrated strategic plan to implement the Act and achieve its desired strategic results.

Health and Safety Code Section 1301140(1)(C)(ii) of the Act requires County Commission strategic plans to include, at a minimum, the following components:

- **A description of the goals and objectives proposed to be attained;**
- **A description of the programs, services and projects proposed to be provided, sponsored or facilitated;**
- **A description of how measurable outcomes of such programs, services and projects will be determined by the County Commission using appropriate reliable indicators; and**
- **A description of how programs, services and projects relating to early childhood development within the county will be integrated into a consumer-oriented and easily accessible system.**

II. STRATEGIC PLAN VISION, MISSION AND GUIDING PRINCIPLES

Vision

All children in Mariposa County will thrive in supportive, loving and nurturing environments, enter school healthy and ready to learn and become productive, well-adjusted members of society.

Mission

To provide for the optimal physical, emotional and intellectual growth of the young children of Mariposa County, the Commission will facilitate, through funding priorities and disbursement of Proposition 10 funds, the creation, implementation or enhancement of integrated and collaborative preventive services and programs.

Guiding Principles

- We encourage the community to come together so children can grow up in a safe and nurturing environment.
- We honor and respect the diversity, strength, uniqueness and potential of individuals, families and communities.
- We believe families have primary responsibility for their children's physical, mental, social and moral development.
- We believe that early intervention and prevention services are a wise investment of resources.
- We intend to allocate the funds and resources consistent with the Strategic Plan.

III. MARIPOSA COUNTY CHILDREN AND FAMILIES FIRST COMMISSION

The Mariposa County Children and Families First Commission was appointed by the Board of Supervisors to create and implement a comprehensive, collaborative, and integrated system of information and services to promote, support, and optimize early childhood development from the prenatal stage to five years of age.

Commission Members		
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Lee Jorgensen	Chair, Local Child Care Planning Council	966.4474
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IV. BACKGROUND

The passage of Proposition 10: The California Children and Families Act represents a tremendous opportunity to improve the quality of life for young children, ages 0-5, and their families in California. Funded by a an increase in tobacco taxes, Proposition 10 provides a large infusion of new resources - \$360 million in 1998-1999 and \$690 million in 1999-2000 - to help expand early childhood programs and improve the availability of health and developmental services across the state for young children and their families. As a important part of their planning process, Prop 10 County Commissions are encouraged to assess existing programs and services, to solicit public input and broad inclusion to better understand community needs for all families, and to review best practices and research in the areas of child development and well-being. The success of Proposition 10 will be enhanced if new funds are allocated in such a way that forge connections between existing programs, leverages additional resources, and ensures accountability, as laid out in the State Commission Guidelines. Prop 10 is, therefore, a tremendous opportunity to engage in a comprehensive strategic planning and implementation process that encourages innovation and stimulates new ways of thinking, beyond "business as usual", about how to make a difference in the lives of children and families.

V. THE CONTEXT

Current research in brain development clearly indicates that the emotional, physical and intellectual

environment that a child is exposed to in the early years of life has a profound impact on how the brain is organized. The experiences a child has with respect to parents and caregivers significantly influences how a child will function in school and later in life. Here is some information on early childhood development needs that are the basis for the Children and Families Initiative.

- At birth, the brain is remarkably unfinished. The parts of the brain that handle thinking and remembering as well as emotional and social behavior are very underdeveloped.
- In the early years, a child develops basic brain and physiological structures upon which later growth and learning are dependent.
- The brain operates on a "use it or lose it" principle. Emotionally and socially as well, the child develops many of the abilities upon which later social functioning is based.
- The brain matures in the world, rather than in the womb; thus young children are deeply affected by their experiences.
- Relationships with parents and other important caregivers; the sights, sounds, smells, and feelings they encounter; and the challenges they meet, affect the way a child's brain develops.

The early years of a child's life form the foundation for later development. Attention to young children is a powerful means of preventing later difficulties such as developmental delays and disturbances. Physical, mental social and emotional development and learning are interrelated. Progress in one area affects progress in the others. Thus, promoting child development is not limited to the academic arena of numbers and letters. The following dimension of child development are considered important:

- Physical development: Meeting children's basic needs for protection, nutrition and health care.
- Cognitive development and social-emotional development: Meeting children's basic human needs for affection, security, social participation and interaction with others as well as educational needs through intellectual stimulation, exploration, imitation, trial and error, discovery and active involvement in learning and experimentation within a safe and stimulating environment.

VI. ANTICIPATED STRATEGIC RESULTS IN THREE AREAS

The State Commission has identified three strategic results that emanate from the Act:

1. *Improved Systems for Families: Integrated, Accessible, Inclusive and Culturally Appropriate Services.* All families must have access to a network of support through an integrated partnership of informal and formal care. The partnership is comprised of all communities, employers, faith communities, resources, programs, and families in Mariposa County.
2. *Improved Family Functioning: Strong Families.* Envisions families that are able to provide for the physical, mental and emotional development of children as the foundation for their success.

This includes a focus area on parent education and support services.

3. *Improved Child Development: Children Learning and Ready for School.* The importance of preparing children to succeed in school is critical. Skills that allow one to problem solve and think creatively are developed in early childhood education settings and nurtured through community and parental reinforcement. This includes a focus area on child care and early education.

VII. GOALS

The following goals were adopted by the Commission to guide the work of the Strategic Plan.

They reflect the State Commission's expected long term results listed in the previous section.

1. *Create an integrated, coordinated system of care that maximizes existing resources and minimizes duplication of services.*
2. *Improve families' access to high quality, affordable childcare and resources that enable children, 0-5, to develop optimally and begin kindergarten at readiness level.*
3. *Improve overall physical and mental health of young children.*
4. *Improve families' access to education, information and services that help them create safe, nurturing environments for children.*

VIII. MARIPOSA COUNTY OVERVIEW

Geography and Demographics

- Mariposa County is a rural county located to the east of the San Joaquin Valley in central California. Home to Yosemite National Park, the county covers 1500 square miles with elevation from 300 to 11,000 feet above sea level.
- Mariposa County has a widely dispersed population of 16,250. The county seat of Mariposa is unincorporated and the largest community in the county with 1,700 people. Other residents are spread in small pockets throughout the county with heavier settlements in Cathey's Valley, Bootjack, the "Northside" (Coulterville, Greeley Hill, Don Pedro), Yosemite and Wawona.
- The population growth was only .9 % from January 1999 to January 2000, one of the lowest in the state.
- From 1992-97 the birth rate in Mariposa County averaged 10.4/thousand. The number of births in Mariposa County was 135 in 1997 from a high of 183 in 1994. This decline is continuing.
- The racial and ethnic makeup of Mariposa is similar to other foothill counties. Almost 88% are white with 6% of the population Hispanic, 4% Native American and 2% African American and Asian American.

- In 1999 there were 2,733 students in the Mariposa County Unified School District, down from 2,807 in 1998. It is estimated that 500 students are home schooled or attend private schools in the county.
- In 1999 there were estimated to be 1004 children ages 0-5 living in the county.

Family Economics

- Mariposa County was rated 34th of the 58 counties in per capita personal income in 1998. 1999 statistics report that 42.4% of Mariposa workers are employed in service jobs including tourism, retail and the like. The government, county, federal and state employ another 33% of the total. Trade jobs are filled by 14.1% of the work force with the rest in mining, transportation, construction, public utilities, finance, insurance and real estate.
- Data from the Local Child Care Planning Council, 1998 Report states that the median income of 3748 families was \$21,449.
- Of the 135 births in 1998 45.9% were supported by MediCal funds.
- An average of 162 children, ages 0-4, per month received WIC assistance in 1998. These children and their mothers received services from the Merced County WIC office twice a week in Mariposa. (In 1997 the number served in Mariposa County was as high as 412 when the WIC office was open 5 days a week.)
- In 1998 5.14% of Mariposa County children, ages 0-5, received TANF benefits.

Child Health

- The majority of Mariposa's children are born in Merced or Fresno County hospitals. Local doctors and the clinic provide prenatal care.
- Between 1991 and 1996 221 women received inadequate prenatal care. This represents an average of 33.67% of all women receiving prenatal care in Mariposa County.
- Between 1990 and 1995 an average of one Mariposa County family per year experienced the loss of their infant less than one year of age from death.
- 1996-97 Specific Birth Rate Statistics indicate births to teens, ages 15-19, is 34.6/1000 female population. This rate is much lower than the state average of 61.7/1000 female population but comparable to similarly sized counties. Trinity County, for example, has a rate of 37.3/1000.
- In 1999 there were 201 admission for drug and alcohol counseling services and 93 arrests for drug law violations. Many of the drug related activities take place in homes with small children.
- Many working families with low incomes make too much for MediCal coverage but not enough to afford private insurance. There has been a concerted effort on the part of several agencies and the school district to enroll these families in Healthy Families.

Family Functioning

- The county's Perinatal Drug and Alcohol Program had 35 enrolled in 1999. The number has

declined because of CalWorks administrative reporting changes. The actual number needing services from this program has remained the same or risen.

- Mariposa County Health and Welfare Department placed 15 children ages 0-5 in 1999 in Foster Care. Most of these children are white--similar to the demographics of the county.
- During the first seven months of 2000 the Mariposa Health and Welfare agency reported 359 child abuse emergency responses. General neglect accounted for 38% of these responses, physical abuse for 26%, emotional abuse for 13%, caretaker incapacity for 12% and sexual abuse for 10%. For the past two years these figures have been slowly declining.
- Mt. Crisis Services which provides a shelter for victims of domestic violence and a variety of related services reports the following for 1999: handled 716 calls on the Hotline phone service, counseled 529 people, provided support for 261 and housed 70 women and 69 children at the shelter. To date in 2000 the Hotline has seen an increase in numbers.

Child Care and Early Childhood Education

- Mariposa County's Local Child Care Council conducted a survey in 1999. Of the 243 respondents to the survey 48% reported need child care but 36.7% reported they couldn't afford it and 29% don't trust others with their children.
- In Mariposa County there are eight child care centers, twenty seven family child care homes and several "Trust-line" approved individuals with variable capacity of 306. Only two centers have the capacity to serve infants younger than 2 years old.
- Although there seem to be enough care resources for the pre-school children (ages 2-5), there is significant shortage of care options for infants and school age children and for care during non-traditional hours.
- There is a shortage of childcare subsidies for low-income families with 85 eligible children on a waiting list for subsidized care in September 2000.
- In Mariposa County there are eight pre-school centers, private, cooperative or government sponsored. They serve approximately 450 children.

IX. IDENTIFICATION OF COMMUNITY NEEDS AND ASSETS

Process

There has been a wealth of needs assessment information generated by different Mariposa County agencies in the past two years. Because the county population is small most of these agencies have the same people sitting on each other's councils, board of directors, or community advisory groups. This has created a sense of shared knowledge about community assets and needs not found in larger counties.

The following survey and needs assessment results were reviewed in developing the strategic

plan: Children's System of Care Key Informant Interviews, Local Child Care Resource Survey, Healthy Start Focus Group Results, and Family Preservation and Support Program Needs Assessment.

During the summer 2000 a series of public meetings were held in different locations throughout the county. The purpose was threefold: to identify programs, people, and resources which will assist the Commission meet the goals of the Strategic Plan, to identify barriers, problems and limitations that must be overcome before the goals can be met; and finally, brainstorm solutions, strategies, and program ideas that might be used to take advantage of the identified assets and meet the needs of Mariposa's families with young children. Several key assets, barriers and solutions were identified. See Appendix A for a compilation of the information.

A telephone survey of key informants was conducted in August 2000. See Appendix B for the compilation of these interviews.

The Children and Families First Advisory Committee met in October 2000 to review and prioritize the findings of the public meetings. They identified four key solutions or strategies to recommend to the Commission to include in the Strategic Plan.

Findings

The findings from various agencies' surveys and needs assessment of most interest to the Strategic Plan are:

- The need for transportation for families to access services
- Parent education
- More Head Start-type programs with no eligibility requirements
- Central location for services
- Better communication between agencies
- Need to reduce substance abuse and domestic violence in the county.

Some key ideas from the series of public meetings include:

- Concern about lack of transportation for families
- Need for parent education
- Develop some sort of family resource center/facility - "one stop shopping" concept
- "All Services to All Children" - that all children 0-5 have access to provided services.
- A mobile van that provides a variety of services from health care to literacy
- Pervasiveness of substance abuse problems.

The recommendations of the Advisory Committee include:

- A Home Visitation Program with a coordinator in charge
- Improve playgrounds in Mariposa County
- A "One Stop Family Resource Center"

- Support transportation services

The Key Informant Telephone Survey had three questions.

1. What do you see as the biggest needs of children, 0-5, in Mariposa County?
2. What is the most important thing you think the community should do to best care for children ages birth to 5?
3. What are your hopes for children in Mariposa County?

The primary concerns and ideas expressed through the answers to the telephone questions related to parenting, parent and family support and health care. Collaboration in providing services to families was mentioned several times. One of the most poignant comments was "That they experience a real childhood". Too many of our children are forced to have experiences beyond the "norm" which rob them of a childhood. They assume adult-like responsibilities when the family is dysfunctional.

X. GOALS, OBJECTIVES, STRATEGIES, INDICATORS AND DESIRED OUTCOMES

Goal 1: Create an integrated system of care that maximizes existing resources and minimizes duplication of services.

Objective:

- a. Increase the number of programs, services and projects for children ages 0-5 and their families that are integrated into a consumer-oriented and easily accessible system.

Strategy A1: Support efforts to increase the utilization of existing programs.

Strategy A2: Support the development of centralized family resource centers similar to Healthy Start and System of Care (Family Solutions).

Strategy A3: Hire a coordinator.

Examples of Indicators

- Service capacity in under-served areas and among under-served population groups.
- Number of families who have access to services through development of conveniently located service sites, co-location with other service providers and community-based organizations, or multi-disciplinary home-based services.
- Number of agencies and groups collaborating to provide integrated services and have signed Memorandums of Understanding with core players outlining their goals and roles.

Long and Short-term Results

Families and young children will receive services that are respectful of the family's role in decision-making, are confidential, and are minimally invasive of the family's privacy.

Goal 2: Improve families' access to high quality, affordable childcare and resources that enable children, 0-5, to develop optimally and begin kindergarten at readiness level.

Objectives:

- a. Increase the quality of childcare and early childhood development services that promote skills and confidence in young children.
- b. Increase the proportion of children entering kindergarten who are developmentally ready.

Strategy B1: Support assistance for providers to hire and retain well-educated, experienced staff through training subsidies and continuing education.

Strategy B2: Support comprehensive parent education in order to foster the development of healthy, socially responsible children.

Strategy B3: Support the development of a traveling mobile van (BookMobile) which offers a variety of services including family parenting classes and family literacy.

Strategy B4: Support the elimination of transportation barriers.

Strategy B5: Support expansion of existing "best practices models" such as Head Start.

Strategy B6: Support opportunities for parents to improve their ability to provide early childhood educational experiences.

Examples of Indicators

- Access to and support for unit-bearing continued education and training for child care providers.

- Establishment of tracking system to monitor education and training level of providers.
- Number of child care providers who have received technical assistance and training.
- Number of children who have attended pre school-early childhood development programs prior to entering kindergarten.
- Parent participation in children's educational events and activities.
- Availability of adequate transportation services.

Long and Short-term Results

Increase in number of children entering kindergarten ready to learn.

Increase in percentage of children reading by the third grade.

Increase in the number of children receiving quality child care.

Goal 3: Improve overall physical and mental health of young children.

Objective:

- a. Increase the proportion of children who have mental, physical health, and dental needs met throughout their first five years.

Strategy C1: Support services that reduce barriers to early and continuous prenatal care.

Strategy C2: Support efforts to assist families to apply for health care insurance programs for low-income children.

Strategy C3: Support health education programs to promote health during infancy, i.e., breast feeding, nutrition, injury prevention, dental health, mental health and other development related topics.

Strategy C4: Facilitate and enhance transportation services to provide access to health, dental and mental health services for young children and mothers.

Strategy C5: Support community offerings of affordable and accessible activities promoting physical activities for families with young children.

Strategy C6: Support a mobile clinic that provides a variety of services including health care and immunizations.

Strategy C7: Support the development and improvement of adequate playground facilities in various communities across the county.

Strategy C8: Support the development of a Home Visitation Program.

Examples of Indicators

- Number of women receiving prenatal services at clinics and private doctors.
- Number of families enrolled in MediCal or Healthy Families.
- Enrollment in health education activities.
- Availability of transportation services.
- Availability of health enhancing recreational programs for families.
- Number of women and children enrolled in WIC program.
- Number of families using playgrounds and recreational facilities.

Long and Short Term Results

Children are born healthy and at healthy birth weight.

Children are healthy and well nourished.

Increased access to prenatal health care services.

Families will have access to the health, dental and mental health services they need.

Increased recreational activities countywide.

Goal 4: Improve families' access to education, information and services that help them create safe, nurturing environments for children.

Objectives:

- a. Increase the number of families who are adequately supported in their communities and neighborhoods.
- b. Increase the number of children living in safe, violence-free environments.

Strategy D1: Facilitate access to comprehensive information and/or services in a variety of locations throughout the county through a collaborative outreach project.

Strategy D2: Support parental education to provide information about reducing risk-taking behaviors.

Strategy D3: Support the expansion of family literacy services and the availability of music, songs, story telling and other arts for families.

Strategy D4: Support improvement of services to children and family members victimized by domestic violence.

Strategy D5: Support the development of a Home Visitation Program.

Examples of Indicators

- Number of families and children served in an outreach project.

- Number of parent education classes/opportunities available in a variety of settings throughout the county.
- Number of parents participating in these classes/opportunities.
- Domestic violence statistics.

Long and Short Term Results

Increased capacity to provide targeted parent education.

Children are safe in their homes and communities.

Families are safe in the communities.

XI. FUNDING STRATEGY AND ALLOCATION PROCESS

The Mariposa County Children and Families First Commission anticipates approximately \$200,000 per year in Prop.10 funds in the initial years of funding. The amount is expected to decline over time. Funds collected in both FY 98-99 and FY99-00 along with the allocation of planning monies distributed in FY-00 will provide a starting base of \$290,000. It is anticipated that the Commission funding activities will begin January 2001. All funds are held in an interest bearing account and all interest will remain with that account for eventual distribution by the Commission.

Administrative and infrastructure costs will be paid for from a separate fund for the first two years of operation.

allowing 100% of annual funding to be used for program activities contingent upon receipt of the above referenced additional moneys. Program staff will consist of a program coordinator who will support the operation of the Commission.

Commission Originated Projects

For the first cycle of funding 50% percent of the funding total, and of the annual allocation will be set aside for projects planned by the Commission. The Commission will invite ideas and suggestions for such projects.

Competitive Awards through a Request for Proposal

50% percent of the funding will be made available through a competitive RFP process to those projects and programs determined to meet the priority goals and strategies established through the Strategic Plan.

Organizations eligible to be considered for competitive awards will need to demonstrate structures for fiscal responsibility and operational liability.

The Commission desires to retain maximum flexibility on the type of programs, services and organizations that will be funded through the RFP process each year. The Commission will release the RFP upon adoption of the Strategic Plan and invite creative proposals from any interested organization which proposals are directly aligned with one or more of the program or service strategies described in the Strategic Plan.

